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Date: Fri, 21 Jul 1995 08:55:52 -0400 (EDT)
Subject: Naval Service Medical News (NSMN) 95-28

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FM BUMED WASHINGTON DC//00//
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-28)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(950228)-Navy Physician Recognized for Innovative Invention
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HEADLINE: Navy Physician Recognized for Innovative Invention
BUMED Washington (NSMN) -- Wednesday morning, 19 July, a Navy physician was featured in a good news story on the TV show, Good Morning America. CDR Lee M. Morin, MC, was demonstrating an innovation he developed that has brought him personal recognition, earned research money for Navy medicine, and will help health care around the world.

His invention, the Multimedia Medical Language Translator, earned him the Chairman of the Joint Chiefs of Staff Award for Excellence in Military Medicine last year. This year, CDR Morin had been named one of 30 finalists in the 1995 Innovations in American Government Awards by the Ford Foundation and the John F. Kennedy School of Government.

The Innovations Awards recognize government programs and policies that represent new and highly effective approaches to meeting public needs. This was the first year federal initiatives have been eligible to receive Innovations Awards, which have recognized 125 exemplary projects and awarded \$8.9 million since the first awards were granted in 1986.

"With the quality of public services under intense scrutiny," said President Franklin Thomas of the Ford Foundation, "the expansion of the Innovations program reflects our desire to honor creative and effective initiatives at every level of government. Although each finalist is a model for policy makers nationwide, the real winners are the American people, who benefit from government working at all levels to improve the quality of life."

This year's finalists were selected from among 1,450 applications. Fifteen of the finalists will be named Innovations Award-winners in October and will each receive \$100,000 Ford Foundation grants. The other 15 programs will receive finalist grants of \$20,000. The CJCS Award provided a \$50,000 grant from the Zachary and Elizabeth Fisher Armed Forces Foundation, which CDR Morin used to initiate a telemedicine communication system at the Naval Aerospace and Operational Medical Institute in Pensacola, FL.

So what is this invention of CDR Morin's that has earned so much praise? If you were at the U.N. hospital in Zagreb, Croatia, you may have been among the first to use it. Hundreds of thousands of people in Washington, DC, for Public Service Recognition Week earlier this year had the opportunity to see CDR Morin demonstrate it in person, and even use it themselves. The need for the service it provides -- in both military and civilian settings -- is obvious. It allows a health care provider and a patient who speak two different languages to accurately communicate.

The medical translator is a computer-based system, run on a laptop, that allows health care providers to conduct simple medical interviews -- point to where it hurts, stick out your tongue and nearly 2,000 other standard questions -- in more than three dozen foreign languages. The system also can convey simple words of greeting and explanations. The doctor, nurse or corpsman selects phrases that the computer repeats, audibly, in the patient's own native language. The questions are phrased so that the patient can respond with gestures, not words. And the health care provider can quickly and appropriately care for the patient, despite the language barrier.

Distributed as a CD-ROM disk, the program is applicable to any type of health-care environment. It promises to be especially valuable in crises -- such as natural disasters or political conflicts, or in emergency rooms of metropolitan hospitals -- where rapid response is needed and interpreters may not be readily available.

The current version of the medical translator can be used by anyone literate in English, Russian or Chinese. He or she can point to a series of phrases or select one of more than 40 "scripts" for various topics and specialties, from dentistry to gynecology. The device then "speaks" the phrases or script in the voice of a native speaker from one of 43 languages. One script cycles through all available languages, asking the patient, "Do you speak ...?" The medical worker can also use the computer's search function to instantly find desired words or phrases. And each user can customize the device.

The Multimedia Medical Language Translator, and each of the other finalists, was evaluated on four criteria: its novelty; its effectiveness in addressing important local or national programs; the value of the service it provides to clients; and the degree to which it can be replicated by other jurisdictions.

Commenting on the finalists, who represent 10 federal agencies, 10 states, five cities, three counties, one school district and one special authority, the chair of the National Committee on Innovations in American Government, William G. Milliken, said: "Whether based in city hall, county government, the state capital, or Washington, DC, each finalist exemplifies the best of government."

And the best of Navy medicine. Bravo Zulu, CDR Morin. Story based on a news release from Innovations in American Government Program, Cambridge, MA

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HEADLINE: CJCS Excellence in Military Medicine Board Convenes
BUMED Washington (NSMN) -- The Bureau of Medicine and Surgery will convene a board next week to review nominations for the third Chairman of the Joint Chiefs of Staff Award for Excellence in Military Medicine. Established in 1993 through the Zachary and Elizabeth Fisher Armed Forces Foundation, this prestigious award recognizes a medical officer of each of the Armed Forces medical departments who demonstrates the potential to provide senior military medical leadership that enhances the readiness of our fighting forces. In addition to the individual award, \$50,000 is donated by the foundation to support operational research in an area chosen by the recipient. Last year's Navy recipient, CDR Lee M. Morin, MC, used this donation to initiate a telemedicine communication system at the Naval Aerospace and Operational Medical Institute in Pensacola, FL.

Innovative thinking abounds in the Navy Medical Department. If your outstanding people weren't nominated this year (deadline of 21 July for nominations), keep them in mind for next year. For more information, contact LT D.K.H. Smith, MSC, in the Chief of the Medical Corps' office at BUMED; DSN 294-0929 or (202) 653-0929.

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HEADLINE: '100-Year-Old Space Technology' at Naval Hospital
NAVHOSP Twentynine Palms, CA (NSMN) -- When the term 'fuel cells' is heard by most people today, they envision an advanced technology. However, this technology has been tested in labs for more than a hundred years. Fuel cell technology really came of age in the U.S. space program, providing a reliable source of power on America's Apollo and Gemini spacecraft. Today, fuel cells provide heat and electricity on the space shuttles and are growing in popularity to provide heat and electricity in America's cities as a clean air solution.

The hospital at the Marine Air Ground Combat Center officially "cuts the ribbon" 21 August on its fuel cell. Naval Hospital Twentynine Palms was selected as one of the 11 Department of Defense sites, provided for under an \$18 million

program to demonstrate this technology. Other sites selected include Army, Navy, Air Force and Marine Corps bases. The Department of Defense will evaluate the fuel cell power plants to determine what role they will play in ongoing efforts to reduce energy costs and improve air quality on bases located in pollution problem areas designated by the U.S. Environmental Protection Agency.

"Fuel cells have a very high national interest right now for several reasons," said Dr. Michael Binder, principal investigator at the U.S. Army Construction Engineering Research Laboratories (CERL), in Champaign, IL, which is managing the demonstration program. "They can operate on natural gas, they're very efficient, essentially free of air emissions and, most important, available on the market now."

The contractor who installed the fuel cell here stated, "The exhaust air coming out of the fuel cell is cleaner than the intake air going into it."

A fuel cell power plant produces electricity and heat by combining hydrogen and oxygen in an electrochemical process. The fuel cell operates without burning fuel and with minimal moving parts, minimizing exhaust and noise emissions. The fuel cell uses a three-stage process to convert natural gas into energy. In the first stage, natural gas is mixed with steam to produce a hydrogen-enriched gas. In the second stage, the hydrogen-enriched gas reacts with oxygen from the air to produce heat and electricity. In the third stage, the heat and electricity are harnessed to produce useable energy.

ONSI, the company which built the fuel cell, has contracted with GBC Electric Company of Twentynine Palms to install and operate the fuel cell here. The unit will operate for at least five years, with ONSI and GBC providing service and technical support. When the unit is operating, the PC25 fuel cell will produce energy 25 to 40 percent more efficiently than conventional sources. With a conservative projection of 95 percent efficiency for the fuel cell, the hospital could save about \$57,000 in electrical costs per year in the long run. However, according to Binder, with capital costs included, it is currently more expensive to generate electricity with fuel cells than with a fossil fuel generator. However, he believes the demonstration will stimulate growth in the fuel cell industry, which will lower costs through economies of scale and competition. The hospital's savings comes from the fact that it didn't have to spend any of its operation money on the unit.

The hospital's fuel cell will supply 200 kW of electricity to the hospital. All of the electricity will serve the hospital. About 60 percent of the fuel cell's thermal energy will preheat the hospital's hot water supply, thereby reducing the load on the hospital's boilers. A second terminal connection will provide an uninterrupted power supply to the hospital's galley, which previously had no backup system. In a general power failure, the fuel cell will switch into a dedicated supply for the galley.

"Naval Hospital Twentynine Palms is very proud to be a part of this technology," said LTjg Tiffany Monaco, CEC, staff civil engineer for the hospital. "As we enter the 21st century, it is

exciting to implement inventive ways of supporting Navy medicine."

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HEADLINE: Navy Innovation Increases Level of Care for Divers

NMRDC Bethesda, MD (NSMN) -- Because of the many advances in diving equipment and procedures over the past 10 years, military and civilian diving is safer. However, it is still possible for a diver to experience a serious injury requiring advanced life support and recompression therapy.

Most recompression chambers located close to sites where divers are working or recreating do not have advanced medical equipment to provide artificial ventilation or monitor vital signs. Working to resolve this problem, investigators at the Naval Medical Research Institute, Bethesda, developed and received a patent on a portable critical care system for use in hyperbaric and recompression chambers.

The critical care unit increases the level of available life support for an injured diver who requires advanced care in an older model decompression or hyperbaric chamber not equipped with treatment equipment. The 70-pound, self-contained, rapidly transportable unit contains a ventilator, patient suction, and vital signs monitor that can operate without creating heat, sparks or other hyperbaric hazards. The alternative method to achieve this level of care would be to modify existing chambers, which would be very expensive, take many years, and require recertification of all modified chambers.

Story by Naval Medical Research and Development Command (NMRDC)

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HEADLINE: Several Naval Hospitals are Certified Pipeline Movers

NMC Oakland, CA (NSMN) -- CAPT David A. Snyder, MC, commander, Naval Medical Center Oakland, accepted with pleasure the second consecutive Certified Pipeline Mover certificate from the Enlisted Personnel Management Center Detachment (EPMAC), representing the Chief of Naval Personnel, in New Orleans recently.

The Pipeline Mover certificate was presented after an audit reviewed the hospital's abilities to effectively monitor and move personnel through the Transient, Patient, Prisoner and Holdee (TPP&H) and Student Pipelines.

"The effectiveness and efficiency of Naval Medical Center Oakland can only be attributed to the dedication and professionalism of the personnel assigned and the organization they are associated with," said LTjg S. B. Lyons, officer in charge, Transient Monitoring Unit, New Orleans.

The Certified Pipeline Mover award recognizes those activities that significantly contribute to enhanced standards for the movement of transient personnel.

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NAVHOSP Great Lakes, IL (NSMN) -- The Patient Administration Department at Naval Hospital Great Lakes recently received its second consecutive Certified Pipeline Mover award with a perfect

score. Naval Hospital Great Lakes is the first hospital aboard a Naval Training Command, which serves a Recruit Training Command, to achieve such recognition.

The Certified Pipeline Mover certificate recognizes outstanding performance in moving transient personnel.

Although it is truly a team effort to receive the certificate, the receipt of the award is due to the commitment to excellence of certain individuals: MMC David Pelto, Jeanette Phillips and Tracie Coleman (Medical Boards) and Linda Irvin (TDRL).

Story by LCDR K. Serbin, NC

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BUMED Washington (NSMN) -- BUMED's Patient Administration Division congratulates the outstanding military and civilian personnel in the Patient Administration Departments of Naval Hospital Bremerton, WA; Naval Medical Center Oakland, CA; Naval Hospital Oak Harbor, WA; Naval Medical Center San Diego; and Naval Hospital Great Lakes, IL, on their recognition as Certified Pipeline Movers. Their excellence in the management of transient personnel directly supports the readiness of the Navy. Bravo Zulu.

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HEADLINE: Ambulatory Surgery? Make Sure It's Covered First
OCHAMPUS Aurora, CO (NSMN) -- If you need to have same-day or "ambulatory" surgery -- that is, surgery that's done on an outpatient basis with no overnight stay in the hospital -- be sure it's an approved procedure by CHAMPUS/TRICARE before having it done.

There's a long list of surgical procedures that may be cost-shared by CHAMPUS/TRICARE when they're performed as ambulatory surgery. The list is contained in the CHAMPUS policy manual. Ask the health benefits advisor at the nearest military medical treatment facility to check and see if the surgery you plan to have is on the list. If it isn't, CHAMPUS/TRICARE won't share the cost of the procedure on an ambulatory surgery basis.

If a non-approved procedure is performed in a "free-standing" ambulatory surgery center the claim will be denied. If it's performed in a hospital-based ambulatory surgery center, it may be cost-shared by CHAMPUS/TRICARE, but it won't be considered to be ambulatory surgery. As a result, active duty family members will be responsible for a cost-share of 20 percent of the billed charges, rather than the flat \$25 cost-share they would otherwise have to pay for an approved ambulatory surgery procedure.

You'll need a nonavailability statement for some types of surgery performed in approved ambulatory surgery centers or hospitals -- if you live within the ZIP Code service area near a military hospital, or within a certain radius around the military hospital that may be prescribed for the type of surgery you need.

Check with your health benefits advisor or CHAMPUS/TRICARE contractor first to make sure the ambulatory surgery center is an approved facility. The health benefits advisor can also tell you

whether you need a nonavailability statement before getting surgery.

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HEADLINE: HEALTHWATCH: Foiling the Fahrenheit Fiend

BUMED Washington (NSMN) -- The heat wave sweeping the United States over the past week or so has already resulted in hundreds of deaths. The young, the elderly and those already sick are especially susceptible to illness and death caused by extreme heat. Able-bodied adults in their prime are not immune, however, as witnessed in Washington, DC, by the heat-induced fatal heart attack of a park ranger. Even in milder weather, our summers are marred by reports of animals and children who died because they were left in an unventilated, enclosed area -- a car, a kennel, or even an unairconditioned home or room.

Simple precautions can save us from tragedy. The "Top 10 Hot Tips" below offer some guidelines for surviving the heat. Although top-10 lists are usually funny, please take this one seriously. It could save a life!

10. Provide plenty of cool water for pets, and bring them indoors.

9. Use spray bottles to dampen your skin to help cool off outdoors.

8. If you have to go outside, make sure to have something light to eat first.

7. Refrain from strenuous activity. If you are forced to do something that makes you perspire profusely, drink a sports drink designed to replenish minerals lost due to excessive sweating.

6. Use air conditioning efficiently. If you have window units, keep one or two rooms cool and closed off rather than trying to cool the entire home.

5. Keep children out of the heat and encourage them to drink plenty of fluids.

4. Don't leave children or pets in the car. Even a few minutes in a hot car could lead to serious illness.

3. Drink plenty of water. Avoid alcohol. Avoid sugary and caffeinated beverages.

2. If you go out, wear lightweight, light-colored, loose-fitting clothing and a hat.

1. Stay indoors in the air conditioning. If you don't have air conditioning, use fans to circulate air and consider spending part of the day in an air-conditioned public building like a library, museum, movie theater or indoor shopping mall.

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3. Events, observances and anniversaries occurring 21 July - 4 August:

JULY

21 July 1930: Veterans Administration established (on 15 March 1989, the VA was elevated to Cabinet level and is now the Department of Veterans Affairs)

25 July: Morning (0600-0800) and Night (until 2200) Detailing (Washington, DC, time)

27 July 1775: Army Medical Corps established

31 July: O-6, O-7 and O-8 FitReps due

AUGUST

1-7 August: World Breastfeeding Week (see article below)

2 August 1990: Iraq Invaded Kuwait

4 August 1947: Navy Medical Service Corps Established

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HEADLINE: World Breastfeeding Week

NMC Oakland, CA (NSMN) -- World Breastfeeding Week is 1-7 August.

Each year since 1992, this important event has been coordinated by the World Alliance for Breastfeeding Action, an international coalition of health professionals, non-governmental organizations and mother support groups. Its purpose is to provide an opportunity to join together to protect, promote and support breastfeeding. More than half the countries in the world have organized activities for World Breastfeeding Week.

The first day of this worldwide event, 1 August, was chosen because it is the anniversary of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, a document developed and adopted in 1990 by 32 governments and 10 United Nations agencies. The Innocenti Declaration recognizes the importance of breastfeeding to infants' and women's health, as well as the social and economic benefits it provides to the family and the nation. It also acknowledges "the need for reinforcement of a 'breastfeeding culture' and its vigorous defense against incursions of a bottlefeeding culture."

This year's theme is "Breastfeeding: Empowering Women" and focuses on creating conditions that enable women to breastfeed successfully by encouraging a supportive community and by removing obstacles women face as well as highlighting the empowering nature of breastfeeding on women.

Women who choose to breastfeed their babies may face obstacles such as lack of maternity leave, inadequate support from family, health workers and employers, inappropriate hospital practices, bad work conditions, misinformation from the infant food industry and cultural taboos.

World Breastfeeding Week is an opportunity to formally recognize breastfeeding as a women's issue. During this year's World Breastfeeding Week, let us work to remove obstacles women face and show how breastfeeding can be an act of strength, power and pleasure for women.

Story by Miriam Levitt, Maternal Child Department, Naval Medical Center Oakland, CA, reprinted from The Red Rover, 12 August 1994, with updated information for 1995 provided by the World Alliance for Breastfeeding Action.

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4. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Scheduled Meetings:

-- 29 July - 3 August, 100th Annual National Medical Association Convention, Marriott Marquis, Atlanta, GA; (202) 347-1895.

-- 11-15 August, 103rd Annual Convention of the American Psychological Association, New York Hilton; (202) 336-6020.

-- 19-25 August, 12th Annual Meeting and Exhibition of the European Society for Magnetic Resonance in Medicine and Biology and the Third Scientific Meeting and Exhibition of the Society of Magnetic Resonance, held jointly, Nice, France. For information, contact the Society of Magnetic Resonance, 2118 Milvia St., Suite 201, Berkeley, CA 94704; (510) 841-1899.

-- 21-23 August, American Hospital Association Annual Convention and Exhibition, San Francisco, CA; (312) 422-2136.

-- 21-25 August, 5th International OSET Congress, International Organization of Societies for Electrophysiological Technologists, Washington, DC; (712) 792-2978.

-- 27-30 August, 11th Meeting of the International Society for STD Research, New Orleans Marriott; 1 800 642-2515.

-- 9-13 September, 72nd Annual Meeting of the American College of Radiology, Westin Copely Place Hotel, Boston MA; (703) 648-8900. Two seminars with CME credit will be offered 9-10 September: Cardiovascular Imaging; and Clinical Trends, A Predictor of Future Trends in Radiation Oncology.

-- 16-19 September, 17th Annual Educational Conference and Trade Show, American Society of Healthcare Marketing and Public Relations, Dallas, TX; (312) 422-3740.

-- 20-21 September, Fifth Annual Symposium of Healthcare Ethics, Great Lakes (IL) Naval Training Center, "Biomedical Ethics in Current American Culture." Sponsored by Naval Hospital Great Lakes. For information, call DSN 792-4750 or (708) 688-4750.

-- 6-8 October, Third Annual Scientific Meeting of the Navy Region of the American College of Physicians, Williamsburg (VA) Marriott Hotel. Hosted by Naval Medical Center Portsmouth, VA. For information, contact CAPT Stephen Beuttel, MC, at (804) 398-5067.

-- 9-11 November, The Integrated Function of the Lumbar Spine and Sacroiliac Joints, San Diego. For information, contact the Office of Continuing Medical Education, University of California, San Diego, School of Medicine, 9500 Gilman Dr., La Jolla, CA 92093-0617; (619) 534-3940.

-- 3-8 March 1996, Association of Military Osteopathic Physicians and Surgeons, Tropicana Hotel and Casino, Las Vegas; (407) 368-2306.

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HEADLINE: Abstracts Due for Nursing Research Poster Session
BUMED Washington (NSMN) -- The abstract submission deadline has been extended to 15 August 1995 for the Eighth Annual Karen A. Rieder Nursing Research Poster Session. This research forum will be held 30-31 October 1995 in Anaheim, CA, during the 102nd Annual Meeting of the Association of Military Surgeons of the United States (AMSUS). Registered nurses in the federal services

and the American Red Cross are invited to submit abstracts about research initiated or completed within the past five years. Send your original abstract along with 10 copies to LCDR Sandra Cupples, NC, USNR, 9104 Wooden Bridge Rd., Potomac, MD 20854-2414. No faxed copies will be accepted. Notification of acceptance with further instructions will be sent as soon as possible, but no later than 31 August 1995. During normal office hours, questions may be directed to LCDR Cupples at (301) 295-2724; DNS 295-2724, or to LCDR Ken Miller, NC, (301) 295-4088; DSN 295-4088.

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793, DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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